## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10-25-01

CLAIMS

	*		*		•	
	IND.	DEP.	IND	OEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58		-				
59						1
60						
61						
62		1				
63						
64						1
65			1			
66			-			
67						
68						
69						
70						
71		1				
72		1	1	1		
73						
74		1				
75	-		1			
76		1				
77				1	1	
78			1			
79						
80		1				
81		1				1
82						
83	-					
84	-		1	-		
85		1				
86	-	1	-	1		
87	-		-			
88	t		1	1	1	
89			-			
90	-	-	1			
91	<del> </del>	-	1			-
92	1	1	-	-	-	1
93		1	-			1
94	-	-				
95		1	1	1	1	1
96		-	-			1
97		1	1	1	1	1
98	-	1		1	1	
99		+	1	1	1	1
100	t	+	1-	1	+	1
	1	+	+	+ -	1	1 -
TOTAL IND.		الحيرال	-	J!	-	J _₽
TOTAL DEP.	1					
TOTAL	1	103.1	4	100	8	2.4

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS